

**Application for Enrollment in the
Oklahoma Association of Emergency Vehicle Technicians**



ROBERT WILKERSON
OAEVT
405-471-1099
wilkerson.robert@icloud.com
3700 N Shannon Ave
Bethany, OK 73008

Contact Information:

PLEASE PRINT

Full Name: _____

Company/Department Name: _____

Address company or home: _____

City: _____ **State:** _____ **Zip:** _____

Telephone (Home): _____

Telephone (Work): _____

E-Mail Address: company _____ **/or home** _____

CHECK THE BOX OF THE MEMBERSHIP YOU WANT...

Membership Information:

☐ **Class I Mechanic \$30.00**

☐ **Class IA Supervisor \$30.00**

☐ **Class II Vendor \$50.00**

☐ **DEPARTMENT MEMBERSHIP \$50.00**

Each person must fill out an application and submit them together as department.

**I hereby agree to abide by the O.A.E.V.T. Constitution and certify that I am affiliated with
Emergency Vehicle repair, maintenance or supplies.**

Signature: _____

Today's Date: _____

**This application is for a one-year membership and is renewable on March 1, every calendar year.
Send form and with check, money order, or department/company purchase order to:**

Oklahoma Assoc. of EVT C/O:

Tim Dowers
Enid Fire Dept.
6310 Quail Ln.
Enid OK 73703
580-554-9458
[**tdowers@enid.org**](mailto:tdowers@enid.org)